

CLAIMS ONLY

Application Number _____

10664978

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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42						
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45						
46						
47						
48						
49						
50						
Total						
Indep						
Total						
Depend						
Total						
Claims						

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58	1					
59		1				
60		1				
61		1				
62		1				
63						
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93						
94						
95						
96						
97						
98						
99						
100						
Total						
Indep	1					
Total	4					
Depend						
Total	5	1				